



# Mansfield Community Center

*Family, Fitness & Fun!*

## Personal Trainer Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Preferred Trainer (optional): \_\_\_\_\_

### Days Available

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_

### Preferred Times

Morning: 5:30-9:00 a.m. \_\_\_\_

9:00 a.m.-12:00 p.m. \_\_\_\_

Afternoon: 12:00-5:00 p.m. \_\_\_\_

Evening: 5:00-10:00 p.m. \_\_\_\_

Known physical limitations or contraindications to exercise: (optional) \_\_\_\_\_

Please return form to:

Jessica Tracy

Health and Fitness Supervisor

10 South Eagleville Road

Storrs/Mansfield, CT 06268